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						to respond to a collection of information unless it displays a valid OMB control number. **Attorney Docket No.** YOR000122US1 (8728-370)						
3			LICATI	ON	First In	rentor or	Applicati	ion Ident	tifier Bell	amy et al		
8		RANSI		OIV	Title	USER_I	DEFINE	D ONL	INE INTE	RACTION ME	THOD	
	Only for new nor	provisional appl	lications under 37	C.F.R. § 1.530	Expres.	s Mail La	bel No.	EL433	92752709	3	الــــــــــــــــــــــــــــــــــــ	
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	2. X Spec (prefix - Des (prefix - Des (prefix - Des (prefix - State - State - Brite - Brite - Des (prefix - Ab) 3. X Draw 4. Oath or Des (prefix - Ab) 5. Class - Ab	(Submit an original and a duplicate for fee processing) Specification { Total Pages 3 7				7	ACCO Assig State Prelin Retur (Sho	Paper Computer Com	cessary) uter Readable Copy (identice nent verifying YING APPL apers (cover r3(b) Stateme is an assigned diation Docum isclosure ps)/PTO-1445 mendment pt Postcard (in pecifically itel state State	identity of above ICATION PAR sheet & docume ant Power Attorne ant (if applicable Copies Citation MPEP 503) mized) ement filed in price s still proper and cocument(s)	copy) e copies ent(s)) of ey es of IDS ens	
	IF ONE FILED	IN A PRIOR APPL	MENT IS REQUIRE LICATION IS RELIE	O UPON (37 C.F.I	7. <i>§ 1.28).</i>				-			
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7	☐ Custom	er Number or Be		(Insert Custome	er No. or Atta	ich bar co	de label h	oi ere)	r 🗆 Con	respondence addre	ss below	
	Name	Frank C	nau							•		
	Address	F. Chau & Associates, LLP			>							
	1900 Hempstead Turnpike, St			Suite	501							
	City	East Mea	adow		State	New '	York		Zip Code	11554		
	Country	USA		Tele	phone	516-	357-00	091	Fax	516-357-0	092	
	Name (PrintType) F1	ank Chau			- 11	Registration	on No. (An	tomey/Agent)	34,136		
	Signature								Date	4/3/00		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Assistant Commissioner for Pat Washington, D.C. 20231 Sir: Transmitted herewith for filing i S'N'LLIST PTO

ATTORNEY DOCKET

Date: April

abel: EL433927527US

Express Mai Date of Deposit: April 3, 2000

lication of:

Inventors:

Rachel K. E. Bellamy, Jason Ellis, Thomas D. Erickson, Wendy A. Kellogg,

Mark Laff, Peter K. Malkin, John T. Richards

For:

USER-DEFINED ONLINE INTERACTION METHOD AND DEVICE

Enclosed are: [X] 30 sheets of specification; [X] 1 sheet(s) of Abstract; [X] 6 sheet(s) of claims; [X] 12 sheet(s) of drawing(s);

- An assignment of the invention to International Business Machines Corporation with Recordation Form.
- [] Declaration and Power of Attorney.
- _ application, from which priority [] A certified copy of a under Title 35 USC §119 is claimed.
- [] Associate Power of Attorney.

The filing fee has been calculated as shown below:

(Col. 1)

(Col. 2)

OTHER THAN A SMALL ENTITY

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H. H.	BASIC FEE								
W. H.	TOTAL CLAIMS	32 - 20 =	12						
##	INDEP CLAIMS	3-3 =	0						
D.W.	MULTIPLE DEPENDENT CLAIMS PRESENTED								

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H	INDEP CLAIMS	3-3 =	0						
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RATE	FEE			
	\$690.00			
X \$18 =	216.00			
X \$78 =	0			
+ 260 =				
TOTAL	\$906.00			

- A check in the amount of \$____ to cover the [] filing fee(s), [] recording fee is enclosed.
- If th Please charge my Deposit Account No. 50-0510/IBM (Yorktown Heights) in the amount of \$906.00.
- [x] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM (Yorktown Heights). A duplicate copy of this sheet is enclosed.
 - Any additional filing fees required under 37 CFR 1.16. [X]
 - [X] Any patent application processing fees under 35 CFR 1.17.

Respectfully submitted,

By:

Please address all correspondence to:

F. CHAU & ASSOCIATES, LLP

1900 Hempstead Tpke., Suite 501 East Meadow, NY 11554

Tel: (516) 357-0091 Fax: (516) 357-0092 Frank Chau

Registration No. 34,136

Attorney for: IBM Corporation

Intellectual Property Law Dept.

P.O. Box 218

Yorktown Heights, NY 10598

CERTIFICATION UNDER 37 C.F.R. §1.10

I hereby certify that this Application transmittal and documents referred to as enclosed are being deposited with the United States Postal Service on this date April 3, 2000 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number $\overline{\text{EL433927527US}}$ addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Frank Chau

Attorney Docket No.: YOR000122US1(8728-370)

U.S. Patent Application:

Title:

USER-DEFINED ONLINE INTERACTION METHOD AND DEVICE

Inventors:

Rachel K. E. Bellamy, Jason Ellis,

Thomas D. Erickson, Wendy A. Kellogg,

Mark Laff, Peter K. Malkin, John T. Richards

Assignee:

International Business Machines Corporation

Filed:

April 3, 2000

F. Chau & Associates, LLP 1900 Hempstead Turnpike, Suite 501 East Meadow, NY 11554

Tel: (516) 357-0091 Fax: (516) 357-0092

PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
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See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF	PAYMENT
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Signature

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spond to a collection of infor	mation unless it displays a valid OWIB control number.					
Complete if Known						
Application Number						
Filing Date	April 3, 2000					
First Named Inventor	Bellamy et al.					
Examiner Name						
Group / Art Unit						
Attorney Docket No.	Y0R000122US1 (8728-370)					

Date

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES Large Entity Small Entity Fee						Ess Daid	
Deposit Account 50 0510 / I RM		e (\$)		e (\$)	Fee D	escription		Fee Paid
Account Number 50-0510/IBM	105	130	205	65	Surcharge - late fi	ling fee or oa	ith	
Deposit Account IBM/Yorktown Heights	127	50	227	25	Surcharge - late p cover sheet.	rovisional fili	ng fee or	
Name I DIM/ TOTA COWN THE IGHTCS	139	130	139	130	Non-English speci	ification		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	For filing a reques			
2. Payment Enclosed:	112	920*		920*	Requesting public Examiner action			
Check Money Other	113	1,840*	113	1,840	Requesting public Examiner action		•	
FEE CALCULATION	115	110	215	55	Extension for repl	-		
1. BASIC FILING FEE	116	380	216		Extension for repl			
Large Entity Small Entity	117	870		435	·	•		
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101 690 201 345 Utility filing fee 690	128	1,850	228		Extension for repl Notice of Appeal	y within illui i	monui	
106 310 206 155 Design filing fee	119	300		150	Filing a brief in su	nnort of an a	nneal	
107 480 207 240 Plant filing fee	120	300		150	Request for oral h		ррса.	
108 690 208 345 Reissue filing fee	121	260		130	Petition to institute		e proceedi	ng
114 150 214 75 Provisional filing fee		1,510		1,510 55	Petition to revive	•	-	
SUBTOTAL (1) (\$) 690.00	140 141	110 1,210	240 241	605	Petition to revive	- unintention	al	
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility issue fee (c	or reissue)		
Fee from Extra Claims <u>below</u> Fee Paid	143	430	243	215	Design issue fee			
Total Claims 32 -20** = 12 x 18 = 216	144	580	244	290	Plant issue fee			
Independent 3 - 3** = 0 x 78 = 0	122	130	122	130	Petitions to the Co	ommissioner	•	
Multiple Dependent 260 =	123	50	123	50	Petitions related t	o provisional	applicatio	ns
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submission of Inf	ormation Dis	closure St	mt
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each property (times no			
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission		rejection	
102 78 202 39 Independent claims in excess of 3	149	690	249	345	(37 CFR § 1.129) For each addition	•	n he	
104 260 204 130 Multiple dependent claim, if not paid	'~"	330	273	545	examined (37 CF	R § 1.129(b))	
109 78 209 39 ** Reissue independent claims over original patent	Other	fee (s	pecify)					
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (s	pecify)					
SUBTOTAL (2) (\$) 216.00	Red	uced by	/ Basi	c Filing	Fee Paid S	SUBTOTAL	(3) (\$)	
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Frank Chau			tration ey/Age		34,136	Telephone	(516)	357-0091

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